

B6J (Official Form 6J) (12/07)

In re **Jeffrey S. Knighton**  
**Carole K. Knighton**Case No. **11-11935**

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<b>1,595.00</b>
a. Are real estate taxes included?	Yes <u><b>X</b></u> No <u>      </u>		
b. Is property insurance included?	Yes <u>      </u> No <u><b>X</b></u>		
2. Utilities:		\$	
a. Electricity and heating fuel		\$	<b>400.00</b>
b. Water and sewer		\$	<b>125.00</b>
c. Telephone		\$	<b>250.00</b>
d. Other <b>Cable TV &amp; Internet</b>		\$	<b>150.00</b>
3. Home maintenance (repairs and upkeep)		\$	<b>150.00</b>
4. Food		\$	<b>800.00</b>
5. Clothing		\$	<b>250.00</b>
6. Laundry and dry cleaning		\$	<b>175.00</b>
7. Medical and dental expenses		\$	<b>350.00</b>
8. Transportation (not including car payments)		\$	<b>950.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<b>250.00</b>
10. Charitable contributions		\$	<b>100.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	
a. Homeowner's or renter's		\$	<b>150.00</b>
b. Life		\$	<b>0.00</b>
c. Health		\$	<b>0.00</b>
d. Auto		\$	<b>150.00</b>
e. Other		\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	
(Specify)		\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		\$	
a. Auto		\$	<b>295.00</b>
b. Other		\$	<b>0.00</b>
c. Other		\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others		\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home		\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<b>0.00</b>
17. Other		\$	<b>0.00</b>
Other		\$	<b>0.00</b>

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$	<b>6,140.00</b>
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19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**Debtor has resumed job as flight attendant. She has additional expenses related to travel/parking/overnight that are not reimbursed.**

## 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	<b>6,245.89</b>
b. Average monthly expenses from Line 18 above	\$	<b>6,140.00</b>
c. Monthly net income (a. minus b.)	\$	<b>105.89</b>